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TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Chemical Depot & Supply Inc
BUSINESS STREET ADDRESS: 4252 SW 92 Ave Davie ZIP 33328
BUSINESS MAILING ADDRESS: Same ZIP _____
BUSINESS PHONE: 723 0988
DESCRIBE TYPE OF BUSINESS: Export / EXPORT OF LAUNDRY / CLEANING Chemicals
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>TERESA Musumeci</u>	<u>4252 SW 92 Ave</u>	<u>DAVIE 33328</u>	<u>413 4581</u>

2. <u>Ronald Musumeci</u>	<u>"</u>		
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Federal ID Number or Social Security Number: [REDACTED]

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 01, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

<u>TERESA Musumeci Pres</u>	<u>[Signature]</u>
Print Owner or Officers Name and Title	Signature of Owner or Officer

Office Use Only: Date <u>6/4/01</u> Category <u>10150</u> Fee Exempt per Sec. 13-13 _____	
Fee <u>55.13</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>01-15296</u> Control # <u>12834</u>	Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

504129 04 0010